

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For section 1, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projection, all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
1. DISCHARGES										
a. General Medical/Surgical*	10,296	10,300	10,159	10,512	10,577	10,643	10,762	10,883	11,005	11,128
b. ICU/CCU	1,547	1,715	1,531	1,529	1,538	1,548	1,565	1,583	1,601	1,619
Total MSGA	11,843	12,015	11,690	12,041	12,116	12,190	12,327	12,466	12,605	12,747
c. Pediatric	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	557	695	700	705	710	710
Total Acute	11,843	12,015	11,690	12,041	12,673	12,885	13,027	13,171	13,315	13,457
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	11,843	12,015	11,690	12,041	12,673	12,885	13,027	13,171	13,315	13,457
2. PATIENT DAYS										
a. General Medical/Surgical*	48,448	41,982	43,462	48,402	48,104	48,402	48,945	49,494	50,049	50,611
b. ICU/CCU	6,099	7,874	8,178	6,213	6,251	6,290	6,361	6,432	6,504	6,577
Total MSGA	54,547	49,856	51,640	54,615	54,355	54,692	55,305	55,926	56,553	57,188
c. Pediatric	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	3,899	4,865	4,900	4,935	4,970	4,970
Total Acute	54,547	49,856	51,640	54,615	58,254	59,557	60,205	60,861	61,523	62,158
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	10,960	11,028	11,096	11,221	11,346	11,474	11,602
TOTAL PATIENT DAYS	54,547	49,856	51,640	65,575	69,282	70,653	71,426	72,207	72,997	73,760

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	4.7	4.1	4.3	4.6	4.5	4.5	4.5	4.5	4.5	4.5
b. ICU/CCU	3.9	4.6	5.3	4.1	4.1	4.1	4.1	4.1	4.1	4.1
Total MSGA	4.6	4.1	4.4	4.5	4.5	4.5	4.5	4.5	4.5	4.5
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	0.0	0.0	0.0	0.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	4.6	4.1	4.4	4.5	4.6	4.6	4.6	4.6	4.6	4.6
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	4.6	4.1	4.4	5.4	5.5	5.5	5.5	5.5	5.5	5.5
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	166	182	182	182	182	182	182	182	182	182
b. ICU/CCU	24	24	24	24	24	24	24	24	24	24
Total MSGA	190	206	206	206	206	206	206	206	206	206
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric							16	16	16	16
Total Acute	190	206	206	206	206	206	222	222	222	222
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Dedicated Observation)	19	19	19	19	19	19	19	19	19	19
TOTAL LICENSED BEDS	209	225	225	225	225	225	241	241	241	241

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	80.0%	63.2%	65.4%	72.9%	72.4%	72.9%	73.7%	74.5%	75.3%	76.2%
b. ICU/CCU	69.6%	89.9%	93.4%	70.9%	71.4%	71.8%	72.6%	73.4%	74.2%	75.1%
Total MSGA	78.7%	66.3%	68.7%	72.6%	72.3%	72.7%	73.6%	74.4%	75.2%	76.1%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	83.9%	84.5%	85.1%	85.1%
Total Acute	78.7%	66.3%	68.7%	72.6%	77.5%	79.2%	74.3%	75.1%	75.9%	76.7%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	158.0%	159.0%	160.0%	161.8%	163.6%	165.4%	167.3%
TOTAL OCCUPANCY %	71.5%	60.7%	62.9%	79.8%	84.4%	86.0%	81.2%	82.1%	83.0%	83.9%
6. OUTPATIENT VISITS										
a. Emergency Department	47,273	42,469	32,878	48,156	48,454	48,754	49,301	49,854	50,413	50,979
b. Same-day Surgery	6,484	5,498	5,238	6,605	6,646	6,687	6,762	6,838	6,915	6,992
c. Laboratory	810	584	820	825	830	835	841	846	851	856
d. Imaging	764	637	773	778	783	788	793	798	803	808
e. Other (Clinic)	10,759	9,007	4,608	10,960	11,028	11,096	11,221	11,346	11,474	11,602
TOTAL OUTPATIENT VISITS	66,090	58,195	44,318	67,325	67,741	68,160	68,917	69,682	70,455	71,237
7. OBSERVATIONS**										
a. Number of Patients	7,926	5,585	4,182	8,074	8,124	8,174	8,266	8,358	8,452	8,547
b. Hours	153,046	163,539	99,314	155,905	156,870	157,840	159,611	161,402	163,213	165,044

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.